

<b>1. ORGANIZATION</b>			
<b>Unique Application Number (UAN)</b>			
<b>Legal Name of Applicant</b>			
<b>Name of Agency Contact</b>			
<b>Agency Contact's Telephone Number</b>			
<b>Eligibility (Check Which Eligibility Type you are Applying Under)</b>			
<input type="checkbox"/> Statewide Program <input type="checkbox"/> State Sexual Assault Coalition <input type="checkbox"/> Sexual Assault Program			
<b>Purpose Areas (Check all that Apply)</b>			
<input type="checkbox"/> Direct Victim Services <input type="checkbox"/> Victim Related Outreach <input type="checkbox"/> Victim Related Training <input type="checkbox"/> Prevention			
	<b>Amount Requested</b>	<b>%of Personnel and Fringe Requested</b>	
FY 2018	\$0.00	0%	
FY 2019	\$0.00	0%	
<b>2. MISSION STATEMENT</b>			
2.1 Provide the mission statement of the organization.			
<b>3. DESCRIPTION OF THE ORGANIZATION</b>			
3.1 Give a description of the history of the organization including the purpose for which it was created.			

3.2 Give a description of how the organization has evolved to its current structure, this may include the scope of service, geographic areas covered, staff hierarchy, legal organization, etc.

**4. VICTIM SERVICES EXPERIENCE****YEARS**

4.1 How many years has the organization been providing victim-related services or assistance?

**5. VICTIM SERVICES WORK**

5.1 Provide a description of the work the organization is doing on behalf of victims of crime.

5.2 How does this work fit into the organization's overall goals and objectives?

5.3 Provide a description of the work the organization is doing on behalf of sexual assault survivors.

5.4 How does this work fit into the organization's overall goals and objectives?

## 6. VOLUNTEERS

6.1 Does the organization currently have a volunteer program, or plan to implement one this grant term?

6.2 How many volunteers were active within the last year? **(Volunteers)**

6.3 Describe how the organization utilizes or plans to utilize volunteers to support the organization's mission.

<b>7. COLLABORATIONS</b>	
7.1 Describe the benefits realized by victims of sexual assault as a result of the organization's collaboration(s) with other organizations (if your organization collaborates) or through your organization alone (if your organization does not collaborate).	
7.2 Provide a list of the organizations and community groups, including the type (law enforcement agency, SART, advocacy center, hospital, task force, etc.) with which the applicant collaborates for the purpose of supporting or assisting victims of sexual assault.	
<b>8. Sexual Assault Programs Only:</b>	
8.1 Is your Organization a current FY 2017 SAPCS-State Grantee?	
8.2 Does your organization meet the definition of a sexual assault program as defined by the Texas Government Code, Chapter 420?	

**9. Statewide Programs Only:** Describe your efforts to maintain or expand existing services offered by sexual assault programs; improve services to survivors; or other activities consistent with Texas Government Code Chapter 420.

**10. State Sexual Assault Coalitions Only:**

10.1 Has your organization been identified as a State Sexual Assault Coalition by a State or Federal Agency?

10.2 Provide a statement on how the Applicant has been identified as a State Sexual Assault Coalition by a state or federal agency authorized to make that designation.

**11. STATE AND FEDERAL FUNDS EXPERIENCE**

**YEARS**

11.1 How many years of experience does the organization have in managing state or federal grant funds?

12. OUTPUT TARGET CALCULATION				
OUTPUT CATEGORIES	Grant Funded Personnel listed in Section 13 of TAB C		Professional & Consultant listed in Section 14 of TAB C	
	OUTPUT TARGET		OUTPUT TARGET	
<b>DIRECT VICTIM SERVICES</b>				
<b>VICTIMS SERVED</b>	FY 2018	FY 2019	FY 2018	FY 2019
Number of Unique Victims Served				
<b>DIRECT VICTIM SERVICES PROVIDED</b>	FY 2018	FY 2019	FY 2018	FY 2019
Assistance with Crime Victims' Compensation				
Assistance with Texas SAVNS				
Information & Referral				
24-Hour Crisis Hotline				
Accompaniment to Hospitals, Law Enforcement Offices, Prosecutors' Offices and Courts				
Advocacy				
Assistance with Victim Impact Panels				
Assistance with Victim Impact Statements				
Crisis Intervention				
Groups (Support, Therapeutic)				
Individual Counseling				
Lodging				
Peer Support Services				
Transportation				
Other Direct Victim Services				
<b>EDUCATION and PREVENTION</b>				
<b>OUTREACH</b>	FY 2018	FY 2019	FY 2018	FY 2019
Total Number of Public Speeches				
Total Number of Participants				
Informational Booths				
Total Attendees at Informational Booths				
25% of Total Attendees (auto-calculates)	0	0	0	0
<b>TRAINING</b>	FY 2018	FY 2019	FY 2018	FY 2019
Total External Training Sessions				
Total External Training Participants				
<b>PREVENTION</b>	FY 2018	FY 2019	FY 2018	FY 2019
Total Educational Seminars				
Total Educational Participants				

**12.1 If Targets were entered for "Other Direct Victim Services", identify the type of service and provide targets for each type of service in the box below.**

13. PERSONNEL & FRINGE												
Title of Position	Sched- uled to work	Scheduled on this grant	Direct Services on this grant	Admin. on this grant	Outreach and Training on this grant	Prevention on this grant	Annual Salary	Total Salary Requested on this grant	% Salary Funded by this grant	Annual Fringe Benefits for the Position	Fringe Funds Requested by this grant	% Fringe Funded by SAPCS-State grant
FY 2018		HOURS PER WEEK					SALARY			FRINGE		
1		0						\$ -	0.00%			0.00%
2		0						\$ -	0.00%			0.00%
3		0						\$ -	0.00%			0.00%
4		0						\$ -	0.00%			0.00%
5		0						\$ -	0.00%			0.00%
6		0						\$ -	0.00%			0.00%
7		0						\$ -	0.00%			0.00%
8		0						\$ -	0.00%			0.00%
9		0						\$ -	0.00%			0.00%
10		0						\$ -	0.00%			0.00%
							\$ -			\$ -		
FY 2019		HOURS PER WEEK					SALARY			FRINGE		
1		0						\$ -	0.00%			0.00%
2		0						\$ -	0.00%			0.00%
3		0						\$ -	0.00%			0.00%
4		0						\$ -	0.00%			0.00%
5		0						\$ -	0.00%			0.00%
6		0						\$ -	0.00%			0.00%
7		0						\$ -	0.00%			0.00%
8		0						\$ -	0.00%			0.00%
9		0						\$ -	0.00%			0.00%
10		0						\$ -	0.00%			0.00%
							\$ -			\$ -		
13.1 FY 2018 POSITION NARRATIVE												
Provide a summary justification for each position listed which details how the position will be used to support the project's goal.												
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												



13.2 FY 2019 POSITION NARRATIVE		
Provide a summary justification for each position listed which details how the position will be used to support the project's goal.		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

REQUESTS FOR EXCEPTIONS: If an Applicant is requesting an exception for one or both of the Personnel Requirements, the below questions must be answered for each exception requested. (Sexual Assault Programs and Statewide Programs Only)	
13.3 REQUEST FOR EXCEPTION TO SAPCS-STATE REQUIREMENTS: 75% Personnel and Fringe Requirement	
Indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.	

**13.4 REQUEST FOR EXCEPTION TO SAPCS-STATE REQUIREMENTS: 20 Hours Direct Victim Service Requirement**

Indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.

**14. PROFESSIONAL & CONSULTANT SERVICES**

Name of Professional/Company that Applicant will contract with to perform Professional & Consultant Services	Description of Professional & Consultant Services	FY 2018			FY 2019		
		No. of Days of Consultation	Daily Rate of Compensation	Cost	No. of Days of Consultation	Daily Rate of Compensation	Cost
1			\$ -	\$ -		\$ -	\$ -
2			\$ -	\$ -		\$ -	\$ -
3			\$ -	\$ -		\$ -	\$ -
4			\$ -	\$ -		\$ -	\$ -
5			\$ -	\$ -		\$ -	\$ -
6			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -

**14.1 FY 2018 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE**

Provide a summary justification for Professional &amp; Consultant Services which details how the Services will be used to support the project's goal.

**14.2 FY 2019 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE**

Provide a summary justification for Professional &amp; Consultant Services which details how the Services will be used to support the project's goal.

**15. TRAVEL**

			FY 2018			FY 2019		
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant
OAG Conference								
OAG Conference		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
TOTAL					\$ -		\$ -	
Additional Training								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
TOTAL					\$ -		\$ -	
Additional Training								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
TOTAL					\$ -		\$ -	

Additional Training								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		TOTAL			\$ -			\$ -

  

Additional Training								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		TOTAL			\$ -			\$ -

  

Local Travel								
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant
Local Travel (Mileage Only)		Mileage		\$ -	\$ -		\$ -	\$ -
					\$ -			\$ -

  

15.1 FY 2018 TRAVEL NARRATIVE
Provide a summary justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

  

15.2 FY 2019 TRAVEL NARRATIVE
Provide a summary justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

  

16. EQUIPMENT						
Item Description	FY 2018			FY 2019		
	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -

  

16.1 FY 2018 EQUIPMENT NARRATIVE
Provide a summary justification for Equipment which relates to the project's goal. This should include the grant funded position(s) which will be using the equipment and why the equipment is needed.

  

16.2 FY 2019 EQUIPMENT NARRATIVE
Provide a summary justification for Equipment which relates to the project's goal. This should include the grant funded position(s) which will be using the equipment and why the equipment is needed.

17. SUPPLIES						
Item Description	FY 2018			FY 2019		
	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -

**17.1 FY 2018 SUPPLIES NARRATIVE**

Provide a summary justification for Supplies which relates to the project's goal. This should include what the Supplies will be used for and which grant funded position(s) will be using the Supplies.

**17.2 FY 2019 SUPPLIES NARRATIVE**

Provide a summary justification for Supplies which relates to the project's goal. This should include what the Supplies will be used for and which grant funded position(s) will be using the Supplies.

18. OTHER DIRECT OPERATING EXPENSES (ODOE)						
Item Description	FY 2018			FY 2019		
	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant
OAG Conference Registration			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -

**18.1 FY 2018 OTHER DIRECT OPERATING EXPENSES NARRATIVE**

Provide a justification for Other Direct Operating Expenses which relates to the project's goal.

**18.2 FY 2019 OTHER DIRECT OPERATING EXPENSES NARRATIVE**

Provide a justification for Other Direct Operating Expenses which relates to the project's goal.

**19. PROJECT SUMMARY**

19.1 Complete the following statement, which may be used by the OAG to summarize or describe the project. "This project funds [number of staff] to serve sexual assault victims by providing [types of ] services in [geographic locations]."

**20. PROBLEM STATEMENT**

20.1 Provide a brief description of the sexual assault related issue(s) this project is designed to address.

**21. SUPPORTING DATA**

21.1 Provide data that supports the victim-related issue(s) and/or specific victimization types this project is designed to address. Cite research and/or data that is geographically relevant and specific to your service area.

**22. PROJECT GOAL**

22.1 Provide a project goal, which relates to your Problem Statement, that shows what the project plans to achieve over the next two years with these grant funds. The goal should be a **"SMART"** goal: **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**imely.

**23. OUTPUTS****23.1 OUTPUT ASSESSMENT AND EVALUATION**

23.2 Describe the systems, including tools and/or processes, written policies and procedures, databases, tracking forms or quality control testing, which will be used to track and verify the project's outputs.

**23.3 OUTPUTS SUMMARY****OUTPUT TARGET****DIRECT VICTIM SERVICES****FY 2018****FY 2019**

Number of Unique Victims Served	0	0
Assistance with Crime Victims' Compensation	0	0
Assistance with Texas SAVNS	0	0
Information & Referral	0	0
24-Hour Crisis Hotline	0	0
Accompaniment to Hospitals, Law Enforcement Offices, Prosecutors' Offices and Courts	0	0
Advocacy	0	0
Assistance with Victim Impact Panels	0	0
Assistance with Victim Impact Statements	0	0
Crisis Intervention	0	0
Groups (Support, Therapeutic)	0	0
Individual Counseling	0	0
Lodging	0	0
Peer Support Services	0	0
Transportation	0	0
Other Direct Victim Services	0	0

<b>OUTREACH</b>	<b>FY 2018</b>	<b>FY 2019</b>	
Total Number of Public Speeches	0	0	
Total Number of Participants	0	0	
Informational Booths	0	0	
Total Attendees at Informational Booths	0	0	
25% of Total Attendees (auto-calculates)	0	0	
<b>TRAINING</b>	<b>FY 2018</b>	<b>FY 2019</b>	
Total External Training Sessions	0	0	
Total External Training Participants	0	0	
<b>PREVENTION</b>			
Total Educational Seminars	0	0	
Total Educational Participants	0	0	
<b>24. OUTCOMES</b>			
24.1 Outcome Statements (Auto-Fills based on Purpose Area Selection on Tab A)			
24.2 Describe the systems, including tools and/or processes, written policies and procedures, databases, tracking forms or quality control testing, which will be used to track and verify the project's outcomes listed in 24.1.			
<b>25. DETAILED IMPLEMENTATION PLAN</b>			
25.1 Describe this project's specific activities, which will be done over the next two years.			

25.1 Continued:	
25.1 Continued:	
25.2 Describe how these activities will help to reach the project's goal.	
26. COMMUNITY RESOURCES	
26.1 Is collaboration with one or more outside organizations required to achieve specific project activities in the detailed implementation plan?	Yes/No
26.2 Do these collaborations currently exist?	



26.3 Describe why these agreements are required.

## 27. SUSTAINABILITY PLAN

27.1 Briefly describe what would happen to the proposed grant project in the event that OAG grant funds are no longer available.

## 28. FINANCIAL

### 28.1 FINANCIAL SYSTEMS

Describe the financial systems, internal controls, written policies and procedures, accounting software, databases, tracking forms or quality control testing, which will be used to track and verify the project's financial activities.

**28.2 BUDGET NARRATIVE**

Provide a justification, which relates to the project's goal, for each requested budget category summarized below.

29. BUDGET					
PERSONNEL	% of Positions	Hrs./Week	FY 2018 Requested	FY 2019 Requested	Total Project Cost
Description					
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
Total FTEs	0.00				
Personnel Total			\$	\$	\$
FRINGE					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Fringe Total			\$	\$	\$
PROFESSIONAL & CONSULTANT					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Professional & Consultant Total			\$	\$	\$
TRAVEL					
OAG Conference			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Local Travel (Mileage Only)			\$	\$	\$
Travel Total			\$	\$	\$
EQUIPMENT					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Equipment Total			\$	\$	\$
SUPPLIES					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Supplies Total			\$	\$	\$
OTHER DIRECT OPERATING EXPENSES					
OAG Conference Registration			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Other Direct Operating Expenses Total			\$	\$	\$
TOTAL BUDGET			\$	\$	\$